

CHARS Procedure Manual

Appendix D Revenue Codes

Medicare assigned Revenue Codes to be entered in UB-92 Form Locator #42.
List revenue codes in ascending numeric sequence and do not repeat on the same bill to the extent possible.

Excluded revenue codes are listed beginning on page D-14

Units of Service

001 Total Charges

ACCOMMODATION REVENUE CODES (10X-21X)

10X All Inclusive Rate

100 = All Inclusive Room & Board plus Ancillary

Days

101 = All Inclusive Room & Board

Days

11X Room & Board – Private

110 = General Classification

Days

111 = Medical/Surgical/GYN

Days

112 = OB

Days

113 = Pediatric

Days

114 = Psychiatric

Days

115 = Hospice

Days

116 = Detoxification

Days

117 = Oncology

Days

118 = Rehabilitation

Days

119 = Other

Days

12X Room & Board - Semi Private Two Beds

120 = General Classification

Days

121 = Medical/Surgical/GYN

Days

122 = OB

Days

123 = Pediatric

Days

124 = Psychiatric

Days

125 = Hospice

Days

126 = Detoxification

Days

127 = Oncology

Days

128 = Rehabilitation

Days

129 = Other

Days

13X Semi Private - Three and Four Beds

130 = General Classification

Days

131 = Medical/Surgical/GYN	Days
132 = OB	Days
133 = Pediatric	Days
134 = Psychiatric	Days
135 = Hospice	Days
136 = Detoxification	Days
137 = Oncology	Days
138 = Rehabilitation	Days
139 = Other	Days

14X Private (Deluxe)

140 = General Classification	Days
141 = Medical/Surgical/GYN	Days
142 = OB	Days
143 = Pediatric	Days
144 = Psychiatric	Days
145 = Hospice	Days
146 = Detoxification	Days
147 = Oncology	Days
148 = Rehabilitation	Days
149 = Other	Days

15X Room and Board Ward

150 = General Classification	Days
151 = Medical/Surgical/GYN	Days
152 = OB	Days
153 = Pediatric	Days
154 = Psychiatric	Days
155 = Hospice	Days
156 = Detoxification	Days
157 = Oncology	Days
158 = Rehabilitation	Days
159 = Other	Days

16X Other Room and Board

160 = General Classification	Days
164 = Sterile Environment	Days
167 = Self Care	Days
169 = Admin Days Title IX	Days

17X Nursery

170 = General Classification	Days
171 = Newborn – Level I	Days
172 = Newborn – Level II	Days
173 = Newborn – Level III	Days
174 = Newborn – Level IV	Days
179 = Other	Days

18X Leave of Absence

180 = General Classification	Days
182 = Patient Convenience – charges billable	Days
183 = Therapeutic Leave	Days
189 = Other Leave of Absence	Days

19X Subacute Care

190 = General Classification	Days
191 = Subacute Care Level I	Days
192 = Subacute Care Level II	Days
194 = Subacute Care Level IV	Days
199 = Other Subacute Care	Days

20X Intensive Care

200 = General Classification	Days
201 = Surgical	Days
202 = Medical	Days
203 = Pediatric	Days
204 = Psychiatric	Days
206 = Intermediate ICU	Days
207 = Burn Care	Days
208 = Trauma	Days
209 = Other Intensive Care	Days

21X Coronary Care

210 = General Classification	Days
211 = Myocardial Infarction	Days
212 = Pulmonary Care	Days
213 = Heart Transplant	Days
214 = Intermediate CCU	Days
219 = Other Coronary Care	Days

ANCILLARY REVENUE CODES (22X-99X)

22X Special Charges

220 = General Classification	Units Not Required
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221 = Admission Charge	Units Not Required
222 = Technical Support Charge	Units Not Required
223 = U.R. Service Charge	Units Not Required
224 = Late Discharge, Medically Necessary	Units Not Required
229 = Other Special Charges	Units Not Required

23X Incremental Nursing Charge Rate

230 = General Classification	Units Not Required
231 = Nursery	Units Not Required
232 = OB	Units Not Required
233 = ICU - Includes Transitional Care	Units Not Required
234 = CCU - Includes Transitional Care	Units Not Required
235 = Hospice	Units Not Required
239 = Other	Units Not Required

24X All Inclusive Ancillary

240 = General Classification	Units Not Required
241 = Basic	Units Not Required
242 = Comprehensive	Units Not Required
243 = Specialty	Units Not Required
249 = Other All Inclusive Ancillary	Units Not Required

25X Pharmacy

250 = General Classification	Units Not Required
251 = Generic Drug	Units Not Required
252 = Non-Generic Drug	Units Not Required
253 = Take Home Drug	Units Not Required
254 = Drugs Incident to Other Diag. Services	Units Not Required
255 = Drugs Incident to Radiology	Units Not Required
256 = Experimental Drugs	Units Not Required
257 = Nonprescription	Units Not Required
258 = IV Solutions	Units Not Required
259 = Other Pharmacy	Units Not Required

26X IV Therapy

260 = General Classification	Units Not Required
261 = Infusion Pump	Units Not Required
262 = IV Therapy/Pharmacy Services	Units Not Required
263 = IV Therapy/Drug/Supply Delivery	Units Not Required
264 = IV Therapy/Supplies	Units Not Required
269 = Other IV Therapy	Units Not Required

27X Medical/Surgical Supplies

270 = General Classification	Units Not Required
271 = Nonsterile Supply	Units Not Required

272 = Sterile Supply	Units Not Required
273 = Take Home Supplies	Units Not Required
274 = Prosthetic/Orthotic Devices	Units Not Required
275 = Pacemaker	Units Not Required
276 = Intraocular Lens	Units Not Required
277 = Oxygen-Take Home	Units Not Required
278 = Other Implants	Units Not Required
279 = Other Supplies/Devices	Units Not Required

28X Oncology

280 = General Classification	Units Not Required
289 = Other Oncology	Units Not Required

29X Durable Medical Equipment (DME) (Other than Rental)

290 = General Classification	Units Not Required
291 = Rental	Units Not Required
292 = Purchase of New DME	Units Not Required
293 = Purchase of Used DME	Units Not Required
294 = Supplies/Drugs for DME Effectiveness (HHAs Only)	Units Not Required
299 = Other Equipment	Units Not Required

30X Laboratory

300 = General Classification	Units Not Required
301 = Chemistry	Units Not Required
302 = Immunology	Units Not Required
304 = Non-Routine Dialysis	Units Not Required
305 = Hematology	Units Not Required
306 = Bacteriology and Microbiology	Units Not Required
307 = Urology	Units Not Required
309 = Other Laboratory	Units Not Required

31X Laboratory Pathological

310 = General Classification	Units Not Required
311 = Cytology	Units Not Required
312 = Histology	Units Not Required
314 = Biopsy	Units Not Required
319 = Other	Units Not Required

32X Radiology – Diagnostic

320 = General Classification	Units Not Required
321 = Angiocardiology	Units Not Required
322 = Arthrography	Units Not Required
323 = Arteriography	Units Not Required
324 = Chest X-Ray	Units Not Required

329 = Other Units Not Required

33X Radiology – Therapeutic

330 = General Classification Units Not Required

331 = Chemotherapy – Injected Units Not Required

332 = Chemotherapy – Oral Units Not Required

333 = Radiation Therapy Units Not Required

335 = Chemotherapy – IV Units Not Required

339 = Other Units Not Required

34X Nuclear Medicine

340 = General Classification Units Not Required

341 = Diagnostic Units Not Required

342 = Therapeutic Units Not Required

349 = Other Units Not Required

35X Computed Tomographic (CT) Scan

350 = General Classification Units Not Required

351 = Head Scan Units Not Required

352 = Body Scan Units Not Required

359 = Other CT Scan Units Not Required

36X Operating Room Services

360 = General Classification Units Not Required

361 = Minor Surgery Units Not Required

362 = Organ Transplant - Other than Kidney Units Not Required

367 = Kidney Transplant Units Not Required

369 = Other Operating Room Services Units Not Required

37X Anesthesia

370 = General Classification Units Not Required

371 = Anesthesia Incident to Radiology Units Not Required

372 = Anesthesia Incident to Other Diag. Services Units Not Required

374 = Acupuncture Units Not Required

379 = Other Anesthesia Units Not Required

38X Blood

380 = General Classification Units Not Required

381 = Packed Red Cells # of Pints Required

382 = Whole Blood Units Not Required

383 = Plasma Units Not Required

384 = Platelets Units Not Required

385 = Leucocytes Units Not Required

386 = Other Components Units Not Required

387 = Other Derivatives (Cryoprecipitates)	Units Not Required
389 = Other Blood	Units Not Required

39X Blood Storage and Processing

390 = General Classification	Units Not Required
391 = Blood Administration	Units Not Required
399 = Other Blood Storage and Processing	Units Not Required

40X Other Imaging Services

400 = General Classification	Units Not Required
401 = Diagnostic Mammography	Units Not Required
402 = Ultrasound	Units Not Required
403 = Screening Mammography	Units Not Required
404 = Positron Emission Tomography	Units Not Required
409 = Other Imaging Services	Units Not Required

412X Respiratory Services

410 = General Classification	Number of Treatments
412 = Inhalation Services	Number of Treatments
413 = Hyperbaric Oxygen Therapy	Number of Treatments
419 = Other Respiratory Services	Number of Treatments

42X Physical Therapy

420 = General Classification	Number of Treatments
421 = Visit Charge	Number of Treatments
422 = Hourly Charge	Number of Treatments
423 = Group Rate	Number of Treatments
424 = Evaluation or Re-Evaluation	Number of Treatments
429 = Other Physical Therapy	Number of Treatments

43X Occupational Therapy

430 = General Classification	Units Not Required
431 = Visit Charge	Units Not Required
432 = Hourly Charge	Units Not Required
433 = Group Rate	Units Not Required
434 = Evaluation or Re-Evaluation	Units Not Required
439 = Other Occupational Therapy	Units Not Required

44X Speech-Language Pathology

440 = General Classification	Units Not Required
441 = Visit Charge	Units Not Required
442 = Hourly Charge	Units Not Required
443 = Group Rate	Units Not Required
444 = Evaluation or Re-Evaluation	Units Not Required
449 = Other Speech/Language Therapy	Units Not Required

45X Emergency Room

450 = General Classification	Units Not Required
451 = EMTALA Emergency Medical Screening Services	Units Not Required
452 = ER Beyond EMTALA Screening	Units Not Required
456 = Urgent Care	Units Not Required
459 = Other Emergency Room	Units Not Required

46X Pulmonary Function

460 = General Classification	Units Not Required
469 = Other Pulmonary Function	Units Not Required

47X Audiology

470 = General Classification	Units Not Required
471 = Diagnostic	Units Not Required
472 = Treatment	Units Not Required
479 = Other Audiology	Units Not Required

48X Cardiology

480 = General Classification	Units Not Required
481 = Cardiac Cath Lab	Units Not Required
482 = Stress Test	Units Not Required
483 = Echocardiology	Units Not Required
489 = Other Cardiology	Units Not Required

50X Out Patient Services *

500 = Current Classification	Units Not Required
509 = Other	Units Not Required

***(OP charges for services rendered to an OP who is admitted as an IP before midnight of the day following the date of service. This revenue code is no longer used for Medicare.)**

53X Osteopathic Services

530 = General Classification	Number of Treatments
531 = Osteopathic Therapy	Number of Treatments
539 = Other Osteopathic Services	Number of Treatments

54X Ambulance

540 = General Classification	Number of Miles
541 = Supplies	Units Not Required
542 = Medical Transport	Number of Miles
543 = Heart Mobile	Number of Miles
544 = Oxygen	Units Not Required
545 = Air Ambulance	Number of Miles

546 = Neonatal Ambulance	Number of Miles
547 = Pharmacy	Units Not Required
548 = Telephonic Transmission (EKG)	Units Not Required
549 = Other Ambulance	Number of Miles

56X Medical Social Services

560 = General Classification	Number of Visits
561 = Visit Charge	Number of Visits
562 = Hourly Charge	Number of Hours
569 = Other Medical Social Services	Number of Visits

61X Magnetic Resonance Imaging (MRI)

610 = General Classification	Units Not Required
611 = MRI Brain (Including Brainstem)	Units Not Required
612 = MRI Spinal Cord (Including Spine)	Units Not Required
614 = MRI Other	Units Not Required
615 = MRA	Units Not Required
616 = MRA Lower Extremities	Units Not Required
618 = MRA Other	Units Not Required
619 = MRT Other	Units Not Required

62X Medical/Surgical Supplies (Extension of 27X)

621 = Supplies Incident to Radiology	Units Not Required
622 = Supplies Incident to Other Diagnostic Services	Units Not Required
623 = Surgical Dressings	Units Not Required
624 = Investigational Device	Units Not Required

63X Drugs Requiring Specific Identification

631 = Single Source Drug	Number Units
632 = Multiple Source Drug	Number Units
633 = Restrictive Prescription	Number Units
634 = Erythropoietin (EPO) less than 10,000 units	Number Units
635 = Erythropoietin (EPO) 10,000 or more units	Number Units
636 = Drugs Requiring Detailed Coding	Number Units
637 = Self-administrable Drugs	Number Units

65X Hospice Services

655 = Inpatient Care	Number Days
656 = General Inpatient Care (nonrespite)	Number Days

68X Trauma Response

683 = Level III	Units Not Required
684 = Level IV	Units Not Required

70X Cast Room

700 = General Classification

Units Not Required

709 = Other Cast Room

Units Not Required

71X Recovery Room

710 = General Classification

Units Not Required

719 = Other Recovery Room

Units Not Required

72X Labor Room/Delivery

720 = General Classification

Units Not Required

721 = Labor

Units Not Required

722 = Delivery

Units Not Required

723 = Circumcision

Units Not Required

724 = Birthing Center

Number of Days

729 = Other Labor Room/Delivery

Units Not Required

73X Electrocardiogram (EKG/ECG)

730 = General Classification

Units Not Required

731 = Holter Monitor

Units Not Required

732 = Telemetry

Units Not Required

739 = Other EKG/ECG

Units Not Required

74X Electroencephalogram (EEG)

740 = General Classification

Units Not Required

749 = Other EEG

Units Not Required

75X Gastro-Intestinal Services

750 = General Classification

Units Not Required

759 = Other Gastro-Intestinal

Units Not Required

76X Treatment or Observation Room *

760 = General Classification

Units Not Required

761 = Treatment Room

Units Not Required

762 = Observation Room*

Units Not Required

769 = Other Treatment Room

Units Not Required

*** (Used when the patient is held in Observation Room and subsequently admitted.)****77X Preventive Care Services**

770 = General Classification

Units Not Required

771 = Vaccine Administration

Units Not Required

779 = Other Preventive Care Services

Units Not Required

79X Lithotripsy

790 = General Classification

Units Not Required

791 = Other Lithotripsy

Units Not Required

80X Inpatient Renal Dialysis

800 = General Classification	Number of Sessions
801 = Inpatient Hemodialysis	Number of Sessions
802 = Inpatient Peritoneal (Non-CAPD)	Number of Sessions
803 = Inpatient Continuous Ambulatory Peritoneal (CAPD)	Number of Sessions
804 = Inpatient Continuous Cycling Peritoneal	Number of Sessions
809 = Other Inpatient Dialysis	Number of Sessions

81X Organ Acquisition

810 = General Classification	Units Not Required
811 = Living Donor	Units Not Required
812 = Cadaver Donor	Units Not Required
813 = Unknown Donor	Units Not Required
814 = Unsuccessful Organ Search Donor Bank Charge	Units Not Required
819 = Other Organ Acquisition	Units Not Required

88X Miscellaneous Dialysis

880 = General Classification	Number of Sessions
881 = Ultrafiltration	Number of Sessions
889 = Other Miscellaneous Dialysis	Number of Sessions

90X Psychiatric/Psychological Treatments

900 = General Classification	Number of Treatments
901 = Electroshock Treatment	Number of Treatments
902 = Milieu Therapy	Number of Treatments
903 = Play Therapy	Number of Treatments
904 = Activity Therapy	Number of Treatments
909 = Other	Number of Treatments

91X Psychiatric/Psychological Services

910 = General Classification	Number of Visits
911 = Rehabilitation	Number of Visits
912 = Partial Hospitalization – Less Intensive	Number of Visits
913 = Partial Hospitalization – Intensive	Number of Visits
914 = Individual Therapy	Number of Visits
915 = Group Therapy	Number of Visits
916 = Family Therapy	Number of Visits
917 = Bio Feedback	Number of Visits
918 = Testing	Number of Visits
919 = Other	Number of Visits

92X Other Diagnostic Services

920 = General Classification	Units Not Required
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921 = Peripheral Vascular Lab	Units Not Required
922 = Electromyelogram	Units Not Required
923 = Pap Smear	Units Not Required
924 = Allergy Test	Units Not Required
925 = Pregnancy Test	Units Not Required
929 = Other Diagnostic Services	Units Not Required

94X Other Therapeutic Services

940 = General Classification	Number of Visits
941 = Recreational Therapy	Number of Visits
942 = Education/Training (includes diabetes related dietary therapy)	Number of Visits
943 = Cardiac Rehabilitation	Number of Visits
944 = Drug Rehabilitation	Number of Visits
945 = Alcohol Rehabilitation	Number of Visits
946 = Complex Medical Equipment Routine	Number Days
947 = Complex Medical Equipment Ancillary	Number Days
949 = Other Therapeutic Services	Number of Visits

99X Patient Convenience Items

990 = General Classification	Units Not Required
991 = Cafeteria/Guest Tray	Units Not Required
992 = Private Linen Service	Units Not Required
993 = Telephone/Telegraph	Units Not Required
994 = TV/Radio	Units Not Required
995 = Nonpatient Room Rentals	Units Not Required
996 = Late Discharge Charge	Units Not Required
997 = Admission Kits	Units Not Required
998 = Beauty Shop/Barber	Units Not Required
999 = Other Patient Convenience Items	Units Not Required

**** Where Medicare does not require Units of Service, the Units of Service Submitted to CHARS may be those used by the hospital. If unit of service is not used by the hospital, the unit of service field may be left blank. ****

**Revenue Codes Excluded from CHARS
CHARS does not capture these Revenue Codes
as they are not Inpatient Services. ****

16X Room and Board – Other

166
168

18X Leave of Absence

184

185

30X Laboratory

303

49X Ambulatory Surgical Care

490

499

51X Clinic

510-517

519

52X Free Standing Clinic

520-523

526

529

55X Skilled Nursing

550-552

559

57X Home Health Aide (Home Health)

570-572

579

58X Other Visits (Home Health)

580-582

589

59X Units of Service (Home Health)

590

599

60X Oxygen (Home Health)

600-604

64X Home IV Therapy Services

640-649

65X Hospice Services

650-654

657

659

66X Respite Care (HHA only)

660-662

67X Outpatient Special Residence Charges

670-672

679

69X Not Assigned

78X Telemedicine

780

789

82X Hemodialysis - Outpatient or Home

820-825

829

83X Peritoneal Dialysis - Outpatient or Home

830-835

839

84X Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient

840-845

849

85X Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient

850-855

859

86X Reserved for Dialysis (National Assignment)

87X Reserved For Dialysis (State Assignment)

88X Miscellaneous Dialysis

880-882

889

89X Reserved for National Assignment

95X Not Assigned

96X Professional Fees

960-964

969

97X Professional Fees (Cont.)

971-979

98X Professional Fees (Cont.)

981-989